

HEALTH PLAN CHANGES EFFECTIVE 1/1/22

Client Name	Viroqua Area School District	VAS Alternate Plan
In-Network Single Deductible		\$500
In-Network Family Deductible		\$1,000
Out of Network Single Deductible		\$1,000
Out of Network Family Deductible		\$2,000
PCP Office Visit Copay		\$25
Specialist Office Visit Copay		\$40
Emergency Room Copay		\$100
In-Network Coinsurance		90%
Out of Network Coinsurance		80%
In-Network Single Medical OPM		\$1,000
In-Network Family Medical OPM		\$2,000
Out of Network Single Out of Pocket Max		\$2,000
Out of Network Family Out of Pocket Max		\$4,000
Prescription Drug Deductible		N/A
30 Day Supply	VMH Retail Pharmacies	
Generic Copay		\$10
Formulary Brand Copay		\$30
Non-Formulary Brand Copay		\$45
Specialty Drugs/Self-Injectibles		\$50
30 Day Supply	All Other Retail Pharmacies	
Generic Copay		\$15
Formulary Brand Copay		\$45
Non-Formulary Brand Copay		\$60
Specialty Drugs/Self-Injectibles		\$70
90 Day Supply	VMH Retail Pharmacies	
Generic Copay		\$15
Formulary Brand Copay		\$45
Non-Formulary Brand Copay		\$60
Specialty Drugs/Self-Injectibles		\$70
90 Day Supply	All Other Retail Pharmacies	
Generic Copay		\$20
Formulary Brand Copay		\$55
Non-Formulary Brand Copay		\$75
Specialty Drugs/Self-Injectibles		\$80